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H. T. WEBSTER, M. D., EDITOR.

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ORIGINAL COMMUNICATIONS.

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MILK, MEAT AND WATER AS FACTORS IN THE SPREAD OF DISEASE.

BY JOHN FEARN, M. D., OAKLAND, CAL.

I read with considerable interest, in your September issue, an article by Dr. J. D. Plunket, of Tennessee; subject—"Bovine Tuberculosis." That article, and the subject to which it calls attention, is deserving of the most serious consideration by all, both medical and lay, who have the interests of mankind at heart.

The warning there given should be sounded out loud and long. In fact, the whole subject of our food supplies will bear close investigation, and the closer we look into this subject the more shall we be convinced that not only Bovine Tuberculosis," but other serious diseases are being conveyed through our daily supplies of flesh, milk and water. Some may pooh-pooh this matter as though it had no foundation in fact. But in the present day men are becoming more and more practical, and you cannot satisfy them with a mere denial or by poking fun at their theories. We must be prepared with a reason. If we read the signs of the times the medicine of the future will be largely preventive. It is true the physician who turns his energies in this direction is not likely to make money for some time, because men as a rule are blind to their own interests; they have more faith in pills and potions than in helping nature, and yet the men who work sedulously in this direction will yet reap the well-earned "well done." And we think that the recent painful experience with typhoid fever at Plymouth, Pa., will help along in this direction.

If it be a fact "that the man who can make two blades of grass or two stalks of corn grow where only one grew before, is a benefactor to the race," what shall be said of the men who, by patient and careful study in the realm of sanitary science as applied to disease, are able to prevent epidemics and literally stamp out disease? Why, if there is one niche in the Temple of Fame more desirable than another, it ought to be reserved for such men.

But the work done in this direction must be eminently practical, and we must be careful that in attending to one perhaps necessary part of the work, we do not overlook other parts just as important. I have seen and known of men so wrapped up in the virtues of vaccination as a preventative of small-pox, that they would go on vaccinating, and lose sight entirely of the simplest hygienic precautions. Diseases that arise from violating God's laws must be removed by obedience to the same, and then if you like to throw in the chip of vaccination it may be well for those who enjoy such things. But let us remember that if we fail to strike at the root in these matters, we might just as well think to cleanse a foul stomach by scraping off the accumulations from the tongue.

We are not to wait till the germs of disease are in full force around us, but we are, as far as possible, to prevent the creation of those germs. And to do this, will require an amount of patient investigation, the results of which, if successful, will be rich, not in coin it is true, but in that satisfaction which always attends success, and which has no money value. To illustrate, you may be convinced that a given case of sickness arises from milk. Now it will not do to condemn a whole herd of cows for what may be the trouble of only one, but suppose you have narrowed your case down until you are perfectly sure that you know the one cow; the question arises, is the difficulty one of internal disease with that cow, or does it arise from the food or water supplied to that cow. I can illustrate this from experience: About nine years ago, when practicing in Ohio, my little boy, a hitherto rugged child of about three years suddenly during the heated term begun to droop. His sports were abandoned, his appetite failed, his flesh began to waste, his bowels became sensitive and tumid, and moved frequently with pain, discharges being green and slimy. The usual remedies failed. Three other children near by were placed under my care, suffering in the same way. The first thing discovered that helped to solve the question, was that both families had their milk from one cow. The cow seemed to be well; on first receiving the milk there was nothing in the look, taste or smell to indicate trouble. I had some of the milk set aside for a few hours; upon examination, I then found the milk had a very putrid, bad smell with it. I felt sure we had then found the cause of the trouble; the milk was discontinued, and the bowel difficulty ceased. But the investigation was pursued, and it was found the usual water supply for the cow was dried up, and she was forced to drink at a place where the water was little better than putrid. Here we easily traced the connection between effect and cause. In the case of my own boy, I may say that before he fully recovered he was taken down with very serious typhoid fever, from which he barely escaped with his life.

I do not say that he took the typhoid fever poison with the milk, the time between the inception of the poison and the beginning of the fever might militate against that theory; but I am sure that the milk, by poisoning the child in the first case, so lowered his vitality, and reduced his power of resistance to disease, that he was in the right condition to take the poison of either typhoid or any other sickness that might be around.

Now, as regards the existence of bovine tuberculosis in California, I am not prepared to say that it is prevalent in this State; with our climate it should not be. But more than once during the last eight years in California, I have had evidence as to the fact of its existence.

I recall conversation with two farmers, in which they bore witness to the fact of having had cows, who had been troubled with hacking cough, wasting of flesh and finally death; and one of these men mentioned the fact of having seen one of these cows opened after death, and he declared that her lungs were in an almost rotten condition. The other farmer said that he had seen cows sicken and die just like persons with genuine old-fashioned consumption. I said to one of these men who I knew sold milk: "Well, did you sell the milk for public consumption?" "Why, no," said he, "I fed it to a calf." "Why," said I, "surely you did not feed your growing stock on consumptive cows' milk?" "Why, no," said he, "I gave the milk to a calf I was feeding for the butcher." I will leave the reader to draw his own conclusions here.

So far as the flesh and milk are concerned, where lies the remedy? In the first place it lies with the farmers. Cattle must be fed on wholesome food, not on any kind of cheap filling; they must have an abundant supply of pure water. As seen in the case above cited, a cow cannot drink impure, stinking water and return you *pure, sweet and wholesome milk.* Again cattle must be well housed. Cattle cannot live and be happy and prosperous on a dunghill, any more than a human being can live and prosper and be well and happy in a water closet. The time is coming when it will be considered as important to attend to the hygienic condition of our cow barns, as it is now considered important to attend to those conditions in our own houses.

But in the second place the improvement in our milk and meat supplies must be looked after by the Government. The cubic air ordinance which is being applied, as we think, with advantage to the Chinese in their *dens—not homes,* could be applied with advantage to the poor cattle who are crowded together in barns in the neighborhood of all our cities. Our Jewish friends attend to the matter of inspecting their own meat.

In many cities of Europe the local government provides for the inspection of meat and food generally, and this could be done with advantage here. In the last place it should be the business of every city to supply an abundance of pure water to its citizens. This is something which should never be trusted to private parties, much less monopolies, who make it their sole business not to see how good a supply of water can be provided, but how much profit they can make by their investment. Till some such regulations and principles mentioned above are carried out, we may expect to have physical suffering and death, arising from impure flesh, milk and water.

AMBLYOPIA NICOTIANA ET POTATORUM.

BY F. CORNWALL, M. D., SAN FRANCISCO.

There is a difference of opinion regarding the frequent cases of blindness which occur from the excessive use of alcohol and tobacco. There is a growing opinion at the present time, that the effects of these agents are the cause of a greater number of cases of blindness than was hitherto thought. There is, also, a difference of opinion regarding which of these agents is the most pernicious. This becomes a difficult question to decide, as the two are most always used together. It is more probable that they become antagonists, and to a certain extent prevent the amblyopia that either, used alone, would produce. So far as I am informed of the opinions of others, the effect of alcohol is considered more destructive to vision than tobacco; but this does not agree with my observation. However, I am only one, and my opportunities of observation are comparatively limited, considering which I will not urge the acceptance of my opinion. I had one case of amblyopia where the patient was an excessive smoker and was not addicted to drinking alcoholic beverages, and another where the circumstances were almost similar, being a very slight drinker. I have never had a case of amblyopia wherein the patient was addicted to the use of alcohol, without being at the same time a smoker.

Persons who are most liable to blindness from the use of alcohol are those who are steady drinkers—they may be called the temperate drinkers. The periodical drinker, however extravagant the spree, is not affected in this way. Any one who has observed closely the effect of alcohol on men, know that it is the steady drinking that induces disease and shortens life. The periodical drinker is likely to live to a ripe old age, without he breaks his neck on some of his hilarious occasions.

My observation is that those who become afflicted with tobacco amblyopia are the inveterate smokers, their passion for the weed being uncontrollable. They are only satisfied with the strongest tobacco, and are not content, in many cases, with smoking during the day, but will wake in the night to satisfy their appetites.

Saloon keepers are, of all others, most frequently attacked with amblyopia from abuses of this kind. They live in an atmosphere of fumes of alcohol and tobacco, and, usually, are constant imbibers of both the alcohol and tobacco themselves. Their lives are not usually very active ones, at least not sufficiently so to induce perspiration.

The subjective symptoms of this affection are limited principally to one, and that is a dimness of vision, and which comes on more or less gradually. Sometimes, in a few weeks persons who previously had good vision will become almost blind. The changes in the fundus oculorum are not likely to be noticeable, with the exception of the disc which in the first stage looks inflamed, but later becomes abnormally anemic, and may be diagnosed from ordinary atrophy from the fact that there is no excavation. The history of the case is usually sufficient to suggest the cause, and a diagnosis by exclusion, if in no other way, may be made pretty certain.

The great obstacle in the treatment of these cases is that few of them will leave off their habits, even when they know they will cost them their vision. A few of the stronger-willed ones, however, will abandon their pernicious practices, and then with the use of remedies, in comparatively recent cases, a partial cure or recovery may be expected. Strychina is the remedy mostly relied on, and is given in very large doses hypodermically. A change of habit or an outdoor one is very essential, and some means should be resorted to to produce profuse perspiration. A trip to some of the hot water springs is an admirable measure, and in this way the patient is freed from his old surroundings. The change is always stimulating to the vital processes, and the depurating effect of the mineral water will carry off the poison from the body. If the individual cannot go to the springs, prescribe Turkish baths.

REGIONS OF THE CHEST.

BY H. T. WEBSTER, M. D.

While not strictly necessary to the study of diseases of the chest, a systematic and thorough understanding of physical diagnosis is much enhanced by a division of the thorax into regions for separate study. These parts may then be given more thorough attention, and the various organs, or parts of organs, included within their boundaries, receive more of an investigation by detail.

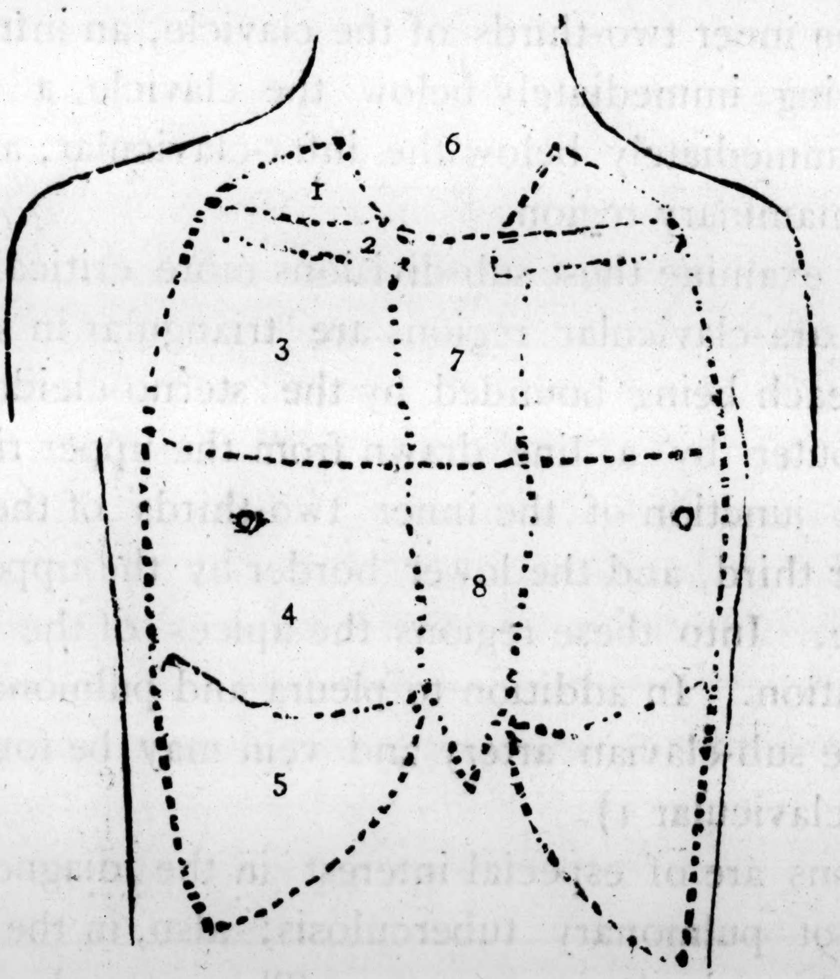


FIG. 1.

Numerous divisions of the thorax have been made, by different authors, but I prefer that adopted by Ingals, in his work on "Diseases of the Chest." The number of regions is greater than in some plans of division, but the arrangement is simple, after all, and provides for a thorough study of the positions, relations and variations of the thoracic viscera.

Taking the anterior thoracic aspect to begin with, we have three general divisions. A central one indicated by the sternum, and a region on each side, extending from the sternum outward to an imaginary line dropped perpendicularly from the junction of the outer third with the inner two-thirds of the clavicle. These regions are subdivided as follows: The central region is composed of a triangular space lying above the sternum between the sternocleido mastoid muscles,termed the supra-sternal region, a superior sternal, comprising that part described by the upper half of the sternum and an inferior sternal region described by the lower half of the sternum. Each of the lateral regions, above mentioned, consists of five divisions, as follows: A supra-clavicular region, lying above the clavicle, a clavicular region that covered by the inner two-thirds of the clavicle, an infra-clavicular region lying immediately below the clavicle, a mammary region lying immediately below the infra-clavicular, and below this an infra-mammary region.

Let us now examine these sub-divisions more critically. Fig. (1). The supara-clavicular regions are triangular in shape, the inner side of each being bounded by the sterno-cleido mastoid muscle, the outer by a line drawn from the upper ring of the trachea to the junction of the inner two-thirds of the clavicle with the outer third, and the lower border by the upper border of the clavicle. Into these regions the apices of the lungs rise during inspiration. In addition to pleura and pulmonary tissue, portions of the sub-clavian artery and vein may be found here. (Right supra-clavicular 1).

These regions are of especial interest in the diagnosis of the early stages of pulmonary tuberculosis; also, in the event of aneurism of the sub-clavian artery. The normal pulmonary sound heard here is the vesicular murmur.

The clavicular region is that portion of the thorax covered by the inner two-thirds of the clavicle. It is bounded above and below by the respective borders of the bone, internally by the sternum, and externally by the point of junction of the inner two-thirds with the outer third. On the right side (2) this region contains lung tissue, and externally the sub-clavian artery, while on the inner side of this is the arteria innominata. The recurrent laryngeal nerve passes upon the inner side of the arteria innominata. On the left side the clavicular region contains lung tissue and the carotid and sub-clavian arteries.

The infra-clavicular is bounded above by the lower border of the clavicle, below by the lower edge of the third rib, internally by the border of the sternum, and externally by the line above mentioned, dropped perpendicularly from the outer extremity of the inner two-thirds of the clavicle. On the right side (3) this region contains lung tissue in common with the left, and, in addition, near the border of the sternum portions of the ascending aorta and descending vena cava. In the second intercostal space in this region, close to the border of the sternum, we place the stethoscope to listen to the sounds of the aortic semilunar valves. Here, also, we find an important point for the study of bronchial affections, the right bronchus lying beneath the second costal cartilage. In the left infra-clavicular region we have the pulmonary artery emerging from behind the sternum, and the left bronchus, opposite the second intercostal space, the left bronchus passing more directly downward than the right. Here we place the stethoscope to listen to the sounds of the pulmonary semilunar valves. The internal inferior angle of this space is occupied by a portion of the base of the heart.

The mammary region lies immediately below the infra-clavicular. It is bounded above by the lower border of the third rib, below by the lower border of the sixth rib internally by the sternum, and externally by the perpendicular line let fall from the junction of the inner two-thirds with the outer third of the clavicle. On both sides of the chest these regions contain lung tissue. On the right side (4) the liver rises during expiration as high as the fourth intercostal space. The apex of this organ is, however, deeply seated here, and overlapped by the border of the lung, which descends, covering it as low as the sixth intercostal space, and even lower lying superficially. A portion of the right auricle and ventricle extends into this region. On the left side in the mammary region is an offset in the lung tissue, corresponding to a triangular space occupied by the heart and pericardium. At the fourth rib the border of the lung passes outward and downward to the fifth rib.

The infra-mammary regions are described in front by triangular spaces. The outer boundary of each is the perpendicular line already frequently mentioned. The upper boundary is the lower margin of the sixth rib, and the inner and lower boundary corresponds to the lower margins of the false ribs. In the right infra-mammary region (5) will be found the liver. During full inspiration the margin of the right lung may descend into this region. The left infra-mammary region contains a portion of the left lobe of the liver lying near the sternum. Further to the left lies a portion of the cardiac extremity of the stomach, and still more to the left, the spleen.

The supra-sternal region (6) lies above the sternum, being bounded below by the supra-sternal notch, on each side by one of the sterno-cleido mastoid muscles, and above by the first ring of the trachea. In this region we have the trachea and thyroid gland as well as the thyroid and laryngeal vessels and nerves.

The superior sternal region (7) is marked by the upper half of the sternum. Its lower boundary corresponds to a line drawn across from the lower margins of the the third costal cartilages. In addition to lung tissue which reaches the median line from each side in front, we find the descending vena-cava and the ascending, transverseand a portion of the descending aorta, deeper. To the left of these is a portion of the pulmonary artery. The trachea bifurcates opposite the junction of the second costal carlilages with the sternum.

The inferior sternal region corresponds to the remaining portion of the sternum below the lower boundary of the superior sternal. On the right side of this space, the right lung is in immediate relation with the posterior surface of the sternum as far as the median line; but, on the left side, the lung recedes at the fourth rib, leaving a triangular space, occupied by the heart. In this space the right ventricle is superficial. At the upper portion of this region is an important point, as relates to the cardiac functions; the aortic, pulmonary, mitral and tricuspid valves, all lying in a space capable of being enclosed in a circle of an inch in diameter. At the left edge of the sternum, under the third costal cartilage, are the pulmonary valves; a trifle lower, at the center of the sternum, the aortic; lower down, at its left border, opposite the third intercostal space, the mitral, and opposite about the middle of the sternum, the tricuspid.

The posterior aspect of the chest is divided into four regions, the supra-scapular, the scapular and the infra-scapular. (Fig. 2.)

The supra-scapular region corresponds to the supra-spinous fossa. (a)

The scapular region corresponds to the infra-spinous fossa. (b) Both these regions contain lung tissue and little else the sound of which would come within ordinary auscultation.

The inter-scapular region on each side lies between the posterior border of the scapula and the spinous processes of the vertebræ, and extends to a line drawn from the angles of the scapulæ for its superior boundary to a line extending across from the inferior angles for its inferior boundary. In addition to lung substance, the main bronchi, bronchial glands, the aorta and œsophagus lie opposite these regions, the aorta opposite the left (c). Opposite the third dorsal vertebra the trachea bifurcates.

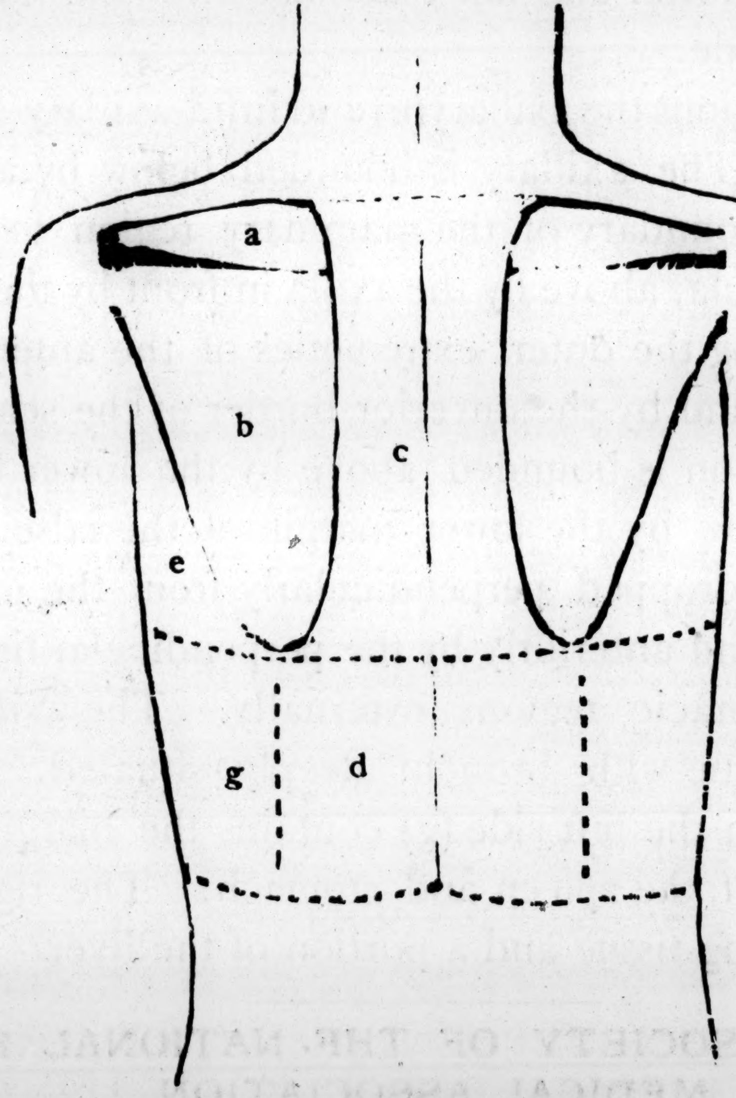


FIG. 1.

The infra-scapular regions are bounded above by the lower boundary of the inter-scapular, internally by the spinous processes of the vertebræ, below by the lower margins of the floating ribs, and externally by perpendicular lines let fall from the inferior angles of the scapulæ. These regions contain lung tissue as low as the tenth or eleventh ribs, and here the vesicular murmur may be heard most distinctly in the normal condition, though the posterior thoracic walls are so thick in most regions as to obscure it. On the left side (d) the intestines lie near the central portion of this region, and, to the left of this, the spleen occupies space. The left kidney also extends into this space, the right being shorter and not reaching into the infra-scapular region on that side.

Two lateral regions the axillary(e) and infra-axillary(g)are bounded as follows; The axillary is bounded below by a line drawn from the lower boundary of the mammary region to the inferior angle of the scapula, above by the axilla in front by the perpendicular line bounding the outer extremeties of the anterior thoracic regions, and behind by the anterior border of the scapula. The infra-axillary region is bounded above by the lower boundary of the axillary, below by the lower margin of the false ribs, posteriorly by a line dropped perpendicularly from the inferior angle of the scapula, and anteriorly by the perpendicular line bounding the anterior thoracic regions externally. The axillary regions contain lung tissue with bronchi deeply situated. The infra-axillary region on the left side (g) contains the margin of the left lung, a portion of the spleen and stomach. The right infra-axillary contains lung tissue and a portion of the liver.

MUTUAL AID SOCIETY OF THF NATIONAL ECLECTIC MEDICAL ASSOCIATION.

At the annual meeting of the National Eclectic Medical Association at Altoona, Pennsylvania, in June, 1885, the Constitution and By-Laws of the Mutual Aid Society were duly adopted, and officers chosen, with authority and instructions to make all necessary arrangements to put into successful operation. The object is to maintain a society for mutual aid for the benefit of families of eclectic physicians, at the least possible expense consistent with its management. All persons now members of the National Association, who are in good bodily health are eligible' and others duly presented by the Secretary of the Electic Medical society of the State in which they reside are suitable in all respects for membership. When the one hundred subscribers shall have been obtained, each of them will be required to pay the initiation fee of five dollars, and the Society will thereupon go into full operation. . Please give this immediate attention.

S. B. Munn, M. D., Pres.
Waterbury, Conn.
Alexander Wilder, M. D., Sec'y.
Newark, N. J.

EDITOR CALIFORNIA MEDICAL JOURNAL: Allow me briefly to report a severe case of membranous croup cured by me without tracheotomy. To perform this very hazardous operation would have been certain death to my little patient, on account of vascularity of the thyroid gland, preferring to let the patient die a natural death. Feeling that all was not done that could be, and having but a few moments to work in, I took one of the Phœnix Atomizers, charged with oil, eucalyptus and oil turpentine *aa*. q. s. and with the mouth well opened I sprayed the mouth and throat with this mixture every fifteen minutes for at least two hours, and from the first the patient breathed easier. At the same time gave my patient brandy and carbonate of ammonia *aa*., one teaspoonful as often as every fifteen minutes, alternated with the spray. At the end of two and one-half hours the little sufferer was running about the room. I had discovered, several weeks previous, that the two oils would dissolve india rubber, and made a record of the fact that if I ever had a case of this terrific disease, or of diptheria, I would give the two drugs a trial. I will here state that as powerful and volatile as the two drugs are, they have no bad effect upon the mucous membrane, but will dissolve the membrane very rapidly. Try it, my brother physicians, and report your success in your respective medical journals.

I do believe, beyond a doubt, that by a judicious use of these two oils, diphtheria and membranous croup can be cured without the use of the knife.

F. A. JOHNSTON, M. D.
155 South First street, Portland, Oregon.

THE NATIONAL OF 1886.

Dr. Henry B. Piper, President of the National Eclectic Medical Association, calls attention to the next Annual Meeting, as follows:

The National Eclectic Medical Association will hold its Sixteenth Annual Meeting at the city of Atlanta, Georgia, on the 16th, 17th and 18th of June, 1886. Many of the most progressive and energetic physicians of the northern States have already signified their purpose to attend, and the general sentiment in our ranks indicates that this will be the largest and most enthusiastic gathering known in the history of the Association. Every medical man who believes that professional qualifications, and not mere arbitrary partizan or statutory tests, should be the passport to professional standing, is desired to cooperate.

The following local committee of arrangements has been appointed: Prof. Wm. M. Durham, Prof. S. F. Biggers, A. D. Johnston, M. D., W. A. Smith, M D., Wm. Fisher, M. D. M. C. Martin, M. D., W. H. Phillips, Esq., George E. Ogletree, Esq.

Every auxiliary State Society is entitled to fifteen delegates. These are in addition to the permanent members of the National Association. Each local eclectic society is, likewise, entitled to two delegates, and also the colleges of our faith at Oakland, St. Louis, Chicago, Indianapolis, Cincinnati, Atlanta and New York. Every delegate must be a graduate in medicine or a reputable practitioner of fifteen years' standing, and is eligible as a candidate for permanent membership.

Blank certificates for credentials of delegates have been prepared by the secretary, and will be issued on application to the secretaries of auxiliary associations.

The Mutual Aid Society of the National Eclectic Medical Association has also been organized, and will hold its annual meeting at Atlanta, on the 16th of June.

Application will be made for a reduction in fare on the several railway lines, without a reasonable doubt of compliance.

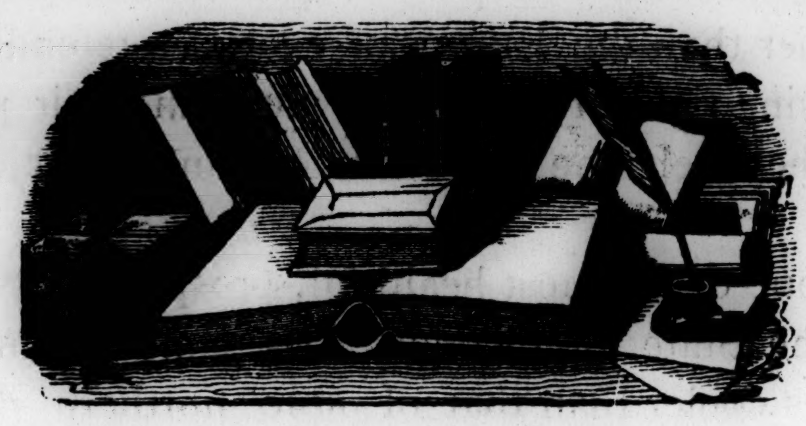
The physicians of the South are already moving in the matter.

The National Association, representing the *American* Practice of Medicine rather than the European exotic, pretending to sole regularity, divine right of monopoly, meets in their part of the Union; and they welcome the event as an auspicious one in their history.

Atlanta is one of the most healthful, prosperous and enterprising cities in the State of Georgia. Its summer temperature is several degrees cooler than that of more northern districts. It is the home of Eclectic Medicine in the South. We are invited thither as brothers and are assured of a royal reception.

H. B. PIPER, M. D., President.

Tyrone, Pennsylvania, September 1, 1885.



EDITORIAL.

The Blight of Asia.--The New York *Medical Times* in a recent editorial has struck the key-note to the objection to the Chinaman on this Coast. Cheap labor is one of the least of objections to the pest of our time, for white laborers by the practice of economy can compete with the Mongol in this respect. We doubt if there is a worthy white man willing to turn his hand to whatever may offer as the Chinaman will, but what may always find something to do on this Coast. But enough of this for a medical journal. We simply propose to deal with this subject from a sanitary standpoint.

The physician or one who is acquainted with the external evidences of strumous states recognizes this condition in a large share of the Chinamen he meets. In addition to the repulsive, expressionless cast of features so common to the lymphatic temperament, the greasy complexion and flabby tissues speak of a depraved habit of body. It is a common thing to note also white, ragged scars about the necks and faces of these people or chronic glandular enlargements or repulsive eruptions—unmistakable indices of bad air, bad diet and surroundings and bad habits, extending throughout centuries of time until the results have become the entailment of a national impress.

The explanation of these facts dawns slowly on the mind of many an observer. In ordinary exterior the Chinaman does not present an appearance of extraordinary filth. He manages to afford an external dress of quite respectable appearance, and if it were not for his telling odor we would pass him by for a respectably decent human. But the habits of these creatures are probably the most filthy of any of the civilized races, if we grant John the credit of this distinction. His clothing is scarcely ever changed. He sleeps cross-wise in a bin (a number of which are arranged in tiers as our Eastern farmers provide for the storage of their potatoes), packed with his fellows like a sardine in a box, without removing the clothing in which he spends the day.

Probably no filthier quarters can be found in the world among human habitations than in the Chinese quarter of San Francisco, a section containing thirty or forty thousand Chinemen congregated together like so many rats. Go down into the basements of these tenement houses and you get the full explanation of the nauseating odors which take your breath as you jostle the greasy heathens on the street. Among walls reeking and dripping with ammoniacal urine from the rooms above, thousands of Chinese pass their nights, relays sleeping, while gambling, opium smoking and various inhuman orgies are carried on by those waiting their turn to tumble into the sleeping bins. The diet of these creatures can best be studied by the contents of the stalls which furnish them on the thoroughfares. Pork is their favorite article of fresh meat, and it is kept in large quantities. Dried fish, dried ducks and innumerable other articles of animal diet, all affording an offensive odor, half rotten in many instances, account for the telling fishy odor that pervades the atmosphere about a Chinaman.

In their dealings with the white population habits of filth abound. Chinese laundries all contain tubs of liquor into which colored clothes are dipped to prevent fading, before being washed. The contents of these consist of lime and other chemicals in solution in human urine. It is the bounden duty of every celestial washee in the house when urged to evacute the bladder to micturate into this vat that the supply be not exhausted. When the clothes have been washed and dried they are sprinkled by a spray of water blown from Chinese mouths and this of course is mixed with Chinese saliva. The sprinklers' hands are employed in spreading and folding the garments.

The cooking in many of the families on the Coast is done by Chinamen, and when we take into consideration the fact that table linen is sprinkled in the above manner as well as dish-cloths, and that portions of the food have perhaps been in the cook's mouth, that he sprinkles his bread in the same manner that the laundryman sprinkles his clothes, the chances for innoculation with syphilis, struma and other of the obnoxious states of blood to which the race is prone are not few.

One of the traits of Chinese character is certainly not modesty. He has no more respect for the presence of ladies than a rat. He crowds, elbows, shoulders and worms himself through a group of ladies to be first into a car and appropriates the best seat. And cognizant of his "loud" odor "white folks" give him a wide berth so that usually he monopolizes two or three seats, most people preferring to stand rather than sit beside him. In a street car he will sit for an hour in his seat before surrendering it to a lady or elderly person unless he be ordered to do so. On the ferry boats he introduces his filthy presence into the ladies cabin and if in company with others renders his presence odious by his gabble.

There is no wonder, with the reeking filth, the leprosy, the intractable form of syphilis, (for there are some white people of both sexes so low as to cohabit with the Chinese) that they are shunned and detested by the best class of people on this Coast.

In Wyoming the righteous work of doing away with the evil has begun. If Congress will persist in making laws which will allow hordes of such creatures to infest our presence there will be finally but one alternative. Popular indignation will yet rise in vengeance and declare, not alone in words, but in an irresistible whirlwind of popular fury "The Chinaman must go."

Faradism in Infantile Marasmus.—If the experience of the reader has been similar to that of the writer he will readily join us in the assertion that infantile marasmus is a very stubborn condition to influence with drugs. An emaciated infant which has become wan and haggard through imperfect assimilation of food or the prostrating effects of cholera infantum or other depleting disease, and in which digestion is impaired and nervous system disturbed, in which there is almost constantly hectic fever present, with exhaustive alvine evacuations in many cases, passes in time beyond the boundary line where drugs are capable of exerting any beneficial influence.

Such cases slowly waste away and die if the destruction of tissue be not met by proper nutrition, and how to bring about the condition in which this may become possible is a serious problem.

Bottle-fed babies are the most liable to get into this condition, and we may provide nourishment in the form of Horlick's food that will be assimilated when milk disagrees. Fatty inunction may provide a moiety of nourishment from the surface, nux vomica or podophyllia in minute doses may stimulate the vegative functions. Ulcerative states of the intestinal tract may be benefitted by bismuth, epilobium, arsenic, mercurius cor., or bichromate of potash in very minute doses; but all these and other drugs will fail when the system has become markedly prostrated.

Faradism here is capable of establishing for itself a reputation which will stand unrivalled. We have within the last five years been surprised at the results of this remedy in a number of cases, where, judging from former experience with drugs, a fatal issue has seemed inevitable. And it has not been necessary to draw upon the imagination through many weeks of treatment to arrive at the conclusion that electricity was the successful agent. The effects have been prompt and marked, quite evident after three or four applications at intervals of every second day.

To apply in these cases place the positive pole at the feet and the negative pole at the nape of the neck, regulating the current to a mild force and allow the poles to remain three or four minutes. Then place the positive pole at one foot and hold the negative at the opposite hand for the same length of time; then place the positive at the opposite foot and hand as long. This, it will be recollected by those who have attended our lectures, we term the "tonic treatment." A child that has not rested for weeks will in a few nights after the beginning of this plan rest quietly all night, and begin to gain strength and flesh.

What we prefer to the plan of application above mentioned is the electric bath, when the child will submit to immersion in water, but we desire to avoid a big "squall" on all occasions.

People usually have so little faith in electricity as to veto any methods which seem to cause distress.

The Faradic Bath may be administered to an infant in an ordinary wooden laundry tub. In any event the tub should be wood or some non-conductor, not metal. Fill the tub two-thirds full of water at a temperature of ninety-six to ninety-eight degrees, place the child in the water and dip the positive conductor into the water at a point opposite the feet, while the negative is held in the water back of the head or neck.

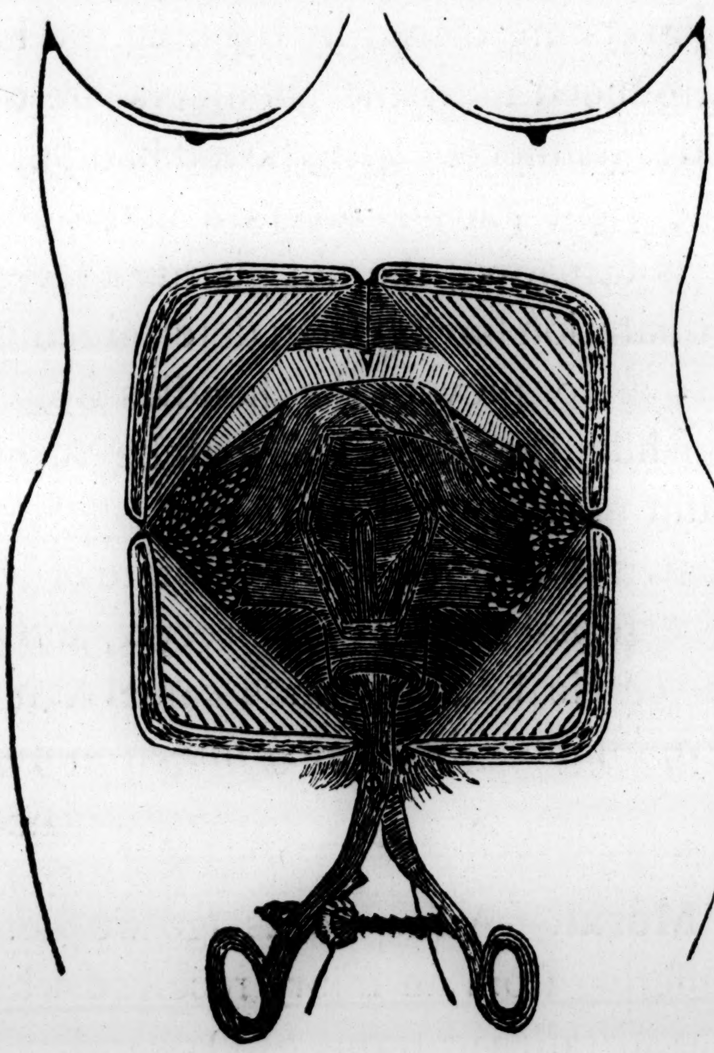
It is to be hoped that no one will attempt to treat a child with a current generated by one of those despicable "crank" batteries. They are too harsh for therapeutic use in any case. Kidder's is the best faradic battery made, we believe, though there are numerous others in the market that generate a pleasant and healing current. The electricity should be generated by chemical agency. Static electricity has its uses, but not in the generation of an induced current. The cheap "crank" batteries are very good toys, but they are mighty poor recommendation for any medical man who uses them to treat disease.

Dilatation of the Cervix Uteri.—Intra-uterine medication demands in many instances that the cervical canal be first dilated to admit the introduction of the required agent upon an appropriate carrier. The time of intra-uterine injections is past. Besides being in certain cases a hazardous operation, injection of the cavity of the uterus has never yielded satisfactory results as a remediable operation. The effect of the agent introduced is too evanescent, and the uncertainty that it will come in contact with the diseased part too great to warrant its perpetuation.

A better knowledge of morbid states of the endometrium also renders it highly desirable that the cervical canal be dilated in frequent cases, not only that we may treat the lining of the body, but that we may arrive at proper diagnosis in other cases.

Formerly dilatation of the cervix was affected by the introduction of sponge tents, a slow and unsatisfactory process, requiring from twelve to twenty-four hours for its accomplishment, and a procedure not devoid of danger. With more modern appliances the same results may be obtained in a few minutes with less risk to the patient. The use of hydrochlorate of cocaine facilitates rapid dilatation reducing the pain of an operation too trivial for the general anæsthetic, and yet quite painful in some cases, to almost nothing.

The growth of fungous vegetations on the endometrium is followed by exhausting and persistent hemorrhage, which is not controllable by internal medication. Such hemorrhage may be tinkered with and held in check by the tampon and various hæmostatics, but there will be an unfailing progress toward a condition of alarming anæmia, unless the morbid growth be removed. To dilate the uterus and remove these growths is in modern time an operation of not difficult or hazardous undertaking.



Many cases of chronic inflammation and ulceration of the endometrium require stimulating applications that the abraded surfaces may heal. Formerly the routinist introduced a speculum into the vagina, diagnosed ulceration of the uterus and painted the cervix with nitrate of silver, or applied some other form of caustic as long as the patient would pay for such nonsense. Now we view such cases with more rationalism, and examine the interior of the uterus where the disease is more apt to be located.

The accompanying wood cut, the amateur work of Dr. H. B. Mehrmann, illustrates a Palmer's uterine dilator in position in a sectio cadaveris. The dilator consists of two beaks or levers acting on a central pivot, the beaks when closed forming an extremity similar to that of a uterine sound. Two inches and a half from the extremity a shoulder is raised on each lever.

In using, the levers are closed by opening the handles and the beak is then introduced until the shoulders are opposite the external os. A slide, connected with the left handle, passes through an opening in the right (this is reversed in the illustration), and upon this which is threaded, the nut guards a lever on each side. The amount of dilatation having been determined upon, the inner one is adjusted so as to prevent the handles from being brought nearer together, while the outer one may be turned down until the desired amount of dilatation is attained.

A four per cent. solution of hydrochlorate of cocaine should be applied to the external surface of the cervix, and passed as high as possible in the cervical canal with a camel hair pencil, twice at intervals of five minutes, beginning fifteen minutes before the operation.

To Point a Moral.—A few weeks ago we were called to attend a patient suffering from an injury received while descending from one of the local railroad trains of Oakland. The difficulty was found to be dislocation of the right ankle inward with fracture of the internal malleolus. There was immobility of the foot, prominence of the external malleolus and considerable tumefaction of the parts about the joint.

Extension and rocking motion were followed by an audible click as the apposition of the articulatory surfaces was accomplished and the patient was immediately afterward able to extend and flex the foot. We supposed this to be sufficient evidence that the luxation was reduced, especially as deformity was removed. A badly ecchymosed state of the ankle was followed in a few days by accumulation of a bleb of serrum on the inner surface of the ankle which was evacuated and the contused surface ordered to be bathed with a solution of carbolic acid in water. Padded side splints were applied to steady the part.

Apparently all was doing well, but some people are as uncertain in their mental poise as the business extremity of a mule. The surgeon of the railroad upon which the accident happened, called in the interests of his employers and advised a change in the position of the foot. We do not know what else was said but the patient saw fit to follow his advice. As there was evidently no bonanza in the case we gave it no flattering attention, though we called oftener than the necessities seemed to demand. During the first five days we called four times and examined the part. On the sixth day the patient conceiving that we were neglecting the case ordered a dismissal left upon our slate and called in the railroad surgeon, who should have been called at first as he is paid for attending such cases.

Since, different members of the family have taken pains to send us word of their opinions of our inefficiency, ignorance, incompetency, dereliction, etc. One of the family who is an M. D. in another part of the State has even threatened to write up a full description of our ignorance for a medical journal published in San Francisco. We are waiting for this interesting document in some suspense.

It is charged that the part was dislocated when seen by the new attendant and that we had never reduced it. It may be possible that a second luxation had occurred since we saw it, but this could only have been possible in event that the dressing had been tampered with, as the side splints were firmly secured by a roller bandage. When a patient is able to extend and flex the foot at will we take it that no dislocation is present.

Moral.—Villification is a favorite resort for the self-justification of dead beats.

The Abuses of Journalism.—Perhaps we notice the fact more in these days than formerly, but it seems that the secular press in many instances is as unprincipled as it is possible to be in its efforts to hoist itself into public notice.

A special example of the methods to which catch-penny publications will resort recently occurred in Oakland. An embryo newspaper published a sensational article calculated to inflame the public to the highest pitch, under the title of "Body Snatching," reflecting upon the California Medical College and the management of the Mountain View Cemetery, in which some of the grossest falsehoods were interpolated and assertions made calculated to engender the strongest kind of popular prejudice against both institutions.

The fact that no other of the newspapers noticed the efflatus in any manner was very good evidence that the aim of the article was readily recognized. The concern was not responsible for any damages and desired notoriety, therefore without any provocation it assailed innocent parties for the purpose of raising a hue and cry and attracting attention.

A person who will thus wantonly attack an unoffending party is meaner than a murderer. The red-handed destroyer of human life makes a stake for which he is liable to hang, but in such instances as these there is nothing risked, for such people even have no reputation to lose, and if their sensational froth serves the intended purpose they reap a reward from journalistic assassination.

The laws of California provide plenty of material for scientific purposes without making it necessary for any college to resort to grave robbery to obtain it. Had the writer of the article above referred to taken a little pains to investigate he might have learned where we obtain our subjects. But this is not what he wanted. Something to create a furore, whatever the consequences might be to innocent parties, was the object, and to learn and publish the truth would have been foreign to his purpose.

We are happy to believe, however, that the public journals of Oakland, as a rule, have more of honesty in their make-up than to assault institutions of public learning without some provocation. Indeed, this instance has proven it, for the grand blow-out of the paper referred to, which we have been informed has three regular subscribers, though it prints twelve hundred copies, has been passed unnoticed. The ear-marks of the beast were too apparent.

Contribute Your Mite.—We have often wondered what must be the thoughts of our readers, at a distance, when measuring our JOURNAL from its original communication stand-point. A few of our physicians have been active in making this department of the JOURNAL interesting, and a number of our Eastern friends have kindly contributed interesting material.

But there are those on this coast who ought to write a number of articles for the JOURNAL every year who never write any. We would like to hear from all our Pacific slope subscribers who have anything of interest to report. Our JOURNAL has a large circulation in the East, and Eastern physicians subscribe, because it is from the Pacific country, and because they expect to learn something of the diseases and remedies of this section.

The editor has labored to make the JOURNAL interesting. A few faithful ones have also made commendable efforts in this direction—let a few more go and do likewise. We know the atmosphere of this Coast tends to laziness. We know it from experience. But the reputation of the profession here demands some evidence of proficiency, and this can be no better displayed than in contributing to our literature. Many of our readers have some peculiar bits of practice in particular conditions or cases, a description of which would be interesting and profitable to the balance. Let your light shine.

Triangular Vials for the Dispensation of Poisons.—This subject is at present receiving considerable attention at the hands of the public press, and it is one worthy of attention. Statutes requiring the use of a peculiar shaped container, and these enforced, would save many lives every year.

Every little while in our own vicinity a sudden death is the result of the mistaking of a vial of poison for some legitimate remedy. A croupy child was administered a teaspoonful of pure carbolic acid by an Oakland mother, who mistook it for a bottle of castor oil, on the same shelf, and died before a physician could be obtained. Thousands of such mistakes are occurring yearly, and if so simple an arrangement as the dispensation of poisons in triangular vials, which will tell their own stories in the dark as well as in the light, will obviate this they should be made use of at once. Steps ought to be taken to see that statutory provisions are made for such precaution. It is not improbable that such a law will be in force in California in the near future.

Quackery in High Places.—Not many weeks ago there occurred in the *Daily Chronicle* a half column with this for a heading and in very heavy caps. "Sore Eyes and Ears," "Ailments Arising from Local Causes," "Cotton and Colored Glasses," "An Unseen Danger on the Cable Dummies," "The Folly of Neglecting Timely Precautions." Upon noticing the heading it occurred to us that some quack had employed a reporter to interview him, but upon perusal it showed that it must have been written by the professional himself, as no news reporter would get the medical terms in so exactly correct. Upon further perusal, we were astounded to find the writer to be a professor in the Cooper Medical College of San Francisco. The professors of that institution have been practicing a method of getting their names in a half-column report of a public lecture in their series, delivered at that place, under the guise of philanthropy. Practitioners outside of that institution have looked upon this custom as questionable, inasmuch as a number of individuals constituting this faculty are also members of the Allopathic Board of this State, and to whom, consequently, we should look for an example of medical virtue and consistency. Individuals in the profession who are desirous of exercising more liberty in their methods of letting the community know of their greatness than the Boards of Medical Examiners of California, under the law, will permit, point to this custom of Cooper Medical College (their half-column of advertisement), and say they deny us the privilege they themselves take. Really there can be no very great objection raised regarding the consistency of the faculty, of this college advertising themselves in this way, only it is a little unfortunate for the cause, considering the position they occupy.

The advertisement of the professor of opthalmology, of this same institution, should be viewed in a very different light. It looks very much, to the admiring observer, as though this professor had written this little piece and paid per line for its insertion. The matter of whether it was paid for is of no consequence, the fact remains that it appears so to the profession.

We take the grounds that a great deal more is and should be expected of the teachers in our medical colleges, and the members of our boards by way of example, than of other practitioners. It is from these sources that the present medical law is upheld, and through these that individuals who are violators of this law are prosecuted. When one of the members of these colleges or boards violates in any degree the letter or intent of this law, he should be held equally responsible with the greatest advertising quack. To whom shall we look for medical consistency if not to these? C.

Cocaine Mur. for Coryza.—Perhaps there is nothing new about the statement that our new anæsthetic cocaine is a remedy for coryza, but the majority of practitioners are wont, through caution or laziness, to use their old treatment, until a new one is forced upon them by some extraordinary claim made for it by a reliable individual or by an opponent. We would like to force the attention of some of our practitioners to the fact that it is a remedy of greater importance in this affection than any other, and perhaps all others. During a recent epidemic of coryza, we used it on ourselves and a number of others with the most gratifying effect. It acts not only temporarily, but permanently, one or two applications, in most cases, being sufficient. Take a dropper and, tipping the head of the patient back, squirt it into the nostrils. Let the patient snuff it back until it gets into the throat.

A four per cent. solution is the required strength. C.

MISCELLANEOUS PARAGRAPHS.

Read our advertisements.

Parke, Davis & Co. have become one of the leading drug firms of the world.

The firm of Thorp & Lloyd Bros., of Cincinnati, supply the profession with some of the most reliable medicines manufactured.

The New York Pharmacal Association supplies one of the best aids to digestion in the drug market in their Lactopeptine and its various forms of combination.

The Fucus Marina is receiving numerous laudations from physicians in various parts of the country as a remedy for the relief of malarial affections. For full particulars see our advertising pages.

Additional testimony is coming in, in support of the asserted efficiency of vinegar in post partum hemorrhage. Two or three swallows of good cider vinegar administered while the hemorrhage is occurring is said to arrest it at once.

The aletris cordial represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficacy in numerous cases of amenorrhea, dysmenorrhea and menorrhagia affirm its value in the treatment of these cases.

The fatality of last year in West Virginia has been having a repetition. The disease is very fatal and presents choleraic symptoms. Clay county, West Virginia, has been having a fearful scourge according to reports from Eastern papers.

Dr. J. A. Craig, of Westmoreland, N. H., says: I have used Papine in several cases where Opium was indicated and have received splendid results. No bad depressing effects following its use as is always the case following the administration of Opium.

A new plan of stimulating labor pains has been reported by a writer in the *Medical Record*. Hot poultices, as hot as can be borne, applied to the abdomen are said to stimulate the contractions of the uterus when labor is tardy from inefficient uterine contraction.

The twentieth of a grain of pilocarpine combined with one grain of sulphate of potash, three times a day, has been found successful in a large number of cases of diabetes mellitus. The London *Medical Record* considers the value of this drug in the disease as established.—*Medical World.*

Homeopathic journals are taking the doctors of Paris to task for crediting Dr. Murrell with the introduction of glonoin to the medical profession. They say Dr. Hering introduced it when Murrell was a little boy. Were the homeopathists strictly righteous in always giving credit where it is due this would appear in better taste; but they appropriate from other sources with as little grace as their confreres. It is a case of "dog eat dog."

Dr. S. P. Hubbard, of Taunton, Mass., writes: "As I have never seen in any medical journal the virtues of the swamp button-bush (*Cephalanthus occidentalis*), for poisons of all kinds, especially *Rhus Tox.*, I wish to say to the medical profession that no remedy half equals it. Try it. Make a strong tea and freely bathe the parts with it while hot."—*Medical Record.*

One of the uses of cocaine is said to be its effect of relieving the vomiting of pregnancy. The *Northwestern Lancet* notes from a verbal report by Dr. Stone that a patient in the fourteenth week of pregnancy in which vomiting was persistent and had resisted all standard measures, was relieved at once by the hypodermic injection of ten drops of a four per cent. solution over the pit of the stomach.

We have it from good authority that one of the Professors of the Cooper Medical College, in San Francisco, employs a a "steerer," in the person of a comely young woman, who dresses in silks, satins, seal-skin sacque, *a la mode*, and stays at the Palace Hotel, from where wealthy people, stopping there, are influenced, if possible, to employ him. This is regular, however, and, of course, quite proper. Nothing like regularity in medicine.

One of the best papers, for the money, published in the United States is the *Herald*, of Philadelphia. It is an indefatigable exposer of frauds and an unflinching denouncer of immoral journalism. Family papers containing material tending to the generation of purient thoughts, even if published as news, have no excuse for their existence. The youth of this generation is much too forward in knowledge of those matters which tend to sensuality. As a sanitary proposition, if nothing else, the condition of American journalism should be improved.

Dr. Bullard says: "I have used Celerina for nearly three years in my practice, and have found it all that is claimed for it in every respect. I have made one severe test upon a man who has been a drunkard for fourteen years, who could not sleep unless he had one continual opiate. I discharged him after three months, using nothing but the celerina in one drachm doses, two to four times a day. I could cite many other cases, but in closing will say I believe every physician should have celerina in his office and prescribe it in all nervous diseases."

M. Richard, at a recent meeting of the Societe Medicale des Hopitaux, described a case which supports the hypothesis that tuberculosis may be transmitted by the genital organs. The patient had been a strong man; there had never been phthisis in his family. He contracted what appeared to be an ordinary gonorrhœa, and was cured in a month. Two months subsequently there was a painless discharge. The urine contained a small quantity of blood; the purulent discharge continued. Two months after the patient suffered from pulmonary phthisis, and was obliged to enter the hospital. The prostate and vesiculæ seminales were discovered to be tuberculous. These were the primary lesions, and from them the organism became infected.—*Medical World.*

Professor Howe advocates the touching of urethral caruncle twice a day with a camel's hair pencil moistened with a solution of two grains of mercuric chloride in two fluid-ounces of distillate of hamamelis. He speaks highly of the success of this simple measure in effecting a radical cure. Another plan in repute with some, is the painting of the growth with a four per cent. solution of cocaine mur. five minutes after which it may be snipped off with scissors, and the base cauterized with chromic or nitric acid without occasioning the patient any pain.

The Grecian Government, in view of the prevalence of malarial fevers in that country, and the high price of quinine, and its poor quality, has removed the duty from that drug, and also removed its sale from the hands of private speculators. It is now to be kept in Government stores, to be sold at only enough advance on manufacturer's prices to defray expenses of importation.

If quinine would cure malaria this would certainly be a wise act, as it is it is an important aid in the treatment of many cases.

Dr. W. T. Smith, of Hanover, N. H., writes that he recently used cocaine in extracting a great toe-nail, with results that seem worthy of record in view of the ordinarily painful nature of this operation. He made four injections about the nail and then ran his needle under the centre of it. In a few minutes he thrust the blade of his scissors along the track of the needle and split the nail to its base and removed it with the forceps. The patient watched the operation, and said that it was absolutely painless. He used a four per cent. solution, and judged that fifteen or twenty minims were absorbed.—*Medical Record.*

In a communication from Dr. A. Wilder, Secretary of the National Eclectic Medical Association, received a few weeks ago, the idea of holding the National on this Coast some time in the future was suggested. Something of the kind might be made mutually beneficial. A trip to California would do any of our Eastern friends, good, and without doubt they might do us good. The moral influence of the National here would be very desirable. Sometime in the not distant future we may have the National in California. But first we will have to manifest enough enterprise to send the names of our State delegates with proper credentials to the Eastern yearly meetings in order to convince our friends there that we are in earnest. We suggest that this be attended to next year.

In the *Asclepiad*, Dr. Richardson calls attention to the much overlooked value of sponge as a poultice carrier, especially for mustard. After the mustard paste has been made of a smooth and even consistency it should be taken up on a clean sponge, the sponge laid in the centre of a white cloth, the corners of which are tied, and the smooth convex side of the sponge is then applied to the surface of the skin. The mustard sponge, warmed again by the fire and slightly moistened, can be applied two or three times, and remains useful for several hours. The sponge can afterwards be easily cleaned in warm water.—*Medical Press.*

USEFUL AGENTS IN THE TREATMENT OF SCARLET FEVER.—When lecturing upon scarlet fever Professor Da Costa mentioned the following agents as being of use: 1. Carbolic acid, gtt, ½, a dose for a child two years of age; give in mint water. 2. Ammonium carbonate, gr. ij., every two hours, to child ten years of age. 3. Potassium chlorate, ʒ j., in water, O j.; patient to drink this in twenty-four hours. 4. Salicylic acid when high temperature is present. 5. Small doses of chloral. Always keep skin active, and if heart be weak, give digitalis—if arterial tension be high, give aconite. When much exudation has occurred, he prescribed, for its solvent action:

℞ Ammonii carb., gr. x.
Liquor. ammon. acetat., f ℥ ss.
♏ Sig.—Every four hours.

If there is much depression, prescribe, also, quina and digitalis in combination.—*Col. and Clinic Record.*

A Parisian paper has published a letter from a correspondent in a southern French town, in which he describes an extraordinary system of prophylaxis against cholera which has come into vogue there. The epidemic has not, indeed, made its appearance in, or anywhere near, the place, but the inhabitants live in constant apprehension of a visit from it. A. M. C—, who is one of the principle alarmists, took, it seems, to oiling his mustache with carbolic acid some time ago in the hope of "disgusting the microbes," and so keeping them away from his respiratory apparatus. Soon after, a nephew of this ingenious gentleman, a youth still in his teens, to whom nature had so far refused the means of following his uncle's example to the letter, bought himself a pair of artificial mustaches such as are worn in carnival time, and these he regularly irrigates with the salutary, if unfragrant, fluid. The panic spreading in the family, Mademoiselle C— was next observed by the members, when she took her evening walk in the garden, to be the wearer of a superb pair of sanitary mustaches; and, if we may credit the correspondent, the example has proved as contagious as the cholera itself; several of the townspeople of both sexes have adopted the preventive treatment in use in the C— family; and, if there be no epidemic of cholera in the town, a perfect epidemic of mustaches is raging there.—*The Medical World.*

Dr. A. H. Winermark, of Cambridge, Ill., writes to the *Medical Record:* "Having read the excellent article on enuresis, by Dr. Stein, and the remarks of Dr. Willeford, upon its treatment by rhus aromatica, I wish to contribute from my store of experience in the treatment of the same difficulty. Some two years ago I was advised by an old practitioner to use fluid extract of skullcap (scutellaria lateri flora) in a case in my own family, and the result was most gratifying. I have since employed it in several cases dependent upon nervous conditions only, and must say that results obtained have always been most satisfactory. A lad, twelve years of age, who would urinate from three to six times every night during his sleep, and had done so for several years, received one drachm t. i. d. for two weeks, and was speedily and permanently cured. All the cases occurred in children."

Dr. Winermark advises a trial, at least, of scutellaria when other remedies have failed. He disclaims any credit for originality in the use of the drug, as he says that it was recommended to him by another.

THE MORAL DANGER OF THE AMERICAN MEDICL PROFESSION.—There is no denying the fact that the profession of this country is subjected to what we may term a moral strain that is greater than experienced in older countries. The multitude of half-formed doctors turned out by our schools, the fierceness of competition, the American passion for "practical" and business-like methods, the haste for success, all tend to tempt the younger physicians especially toward a laxity in conduct. Considering all these things, it behooves every conscientious physician to keep a careful watch upon himself. His responsibility is very great. Although the practice of medicine has already assumed many of the features of a "business," it is not, and, as we have before said, never can, by honest men, be carried on just as a trade would be. Having to do only with the body and its ills, no physician of any conscience and human sympathy can fail to regulate his conduct on a higher plane than that of the simple *quid pro quo* of the tradesman.

Yet, unfortunately, it appears that men without conscience do get in our ranks, and even attain some standing there. It is against these that the profession must be on its guard. We have too long regulated what is good and praiseworthy in the physician by standards that are, in a measure, false and artificial. There have been times when a man, however sincere and honorable, would be looked at askant if he used electricity or massage, or pushed a probang down the larynx.

It behooves a doctor now to judge his fellow by high standards of Christian morals, and by these alone. He should be true to his patient, his colleagues, and himself. Such conduct should be the gauge of professional loyalty, and such conduct very much needs cultivating.—*Medical Record.*

A celebrated Parisian belle, says the *Popular Science News*, who had acquired the habit of whitewashing herself, so to speak, from the soles of her feet to the roots of her hair with chemically prepared cosmetics, one day took a medicated bath, and, on emerging from it, she was horrified to find herself as black as an Ethiopian. The transformation was complete; not a vestige of the "supreme Caucasian race" was left. Her physician was sent for in alarm and haste. On his arrival he laughed immoderately, and said: "Madame, you are not ill; you are a chemical product. You are no longer a woman, but a *sulphide.* It is not now a question of medicinal treatment, but of simple chemical reaction. I shall subject you to a bath of sulphuric acid diluted with water. The acid will have the honor of combining with you, it will take up the sulphur, the metal will produce a *sulphate*, and we shall find as a *precipitate* a very pretty woman." The good-natured physician went through with his reaction, and the belle was restored to her membership with the white race.—*American Druggist.*

BUCKWHEAT FLOUR IN THE TREATMENT OF DIABETES.—Dr. Y. H. Bond, of St. Louis, Mo., writes: "Some time since I read an article in your journal upon the subject of 'Diabetes Mellitus', in which buckwheat flour was said to have been used, as the exclusive bread diet, with the result of a disappearance of the sugar from the urine. In support of that observation, I herewith report my experience in the trial of the same agent on the only patient that I have treated for that trouble since reading the article referred to. On May 11, 1885, I was consulted by Mr. W——, aged sixty-three, of Scotch descent, possessed of fine physical development and a stable nervous system, resident of the State of Vermont. His only ailment consisted in the passage of an excessive amount of water, which he stated had troubled him for more than a year past, and that the amount of water passed was about the same every day. He passed from 9 P. M., May 13th, to 9 P. M., May 14th (twenty-four hours), three quarts of water. On examination sugar was found in abundance. I continued to examine his urine at varying intervals up to June 15th, discovering little or no variation in its quantity or character up to that time, pursuing this course with the view of determining the constancy of the sugar, amount, etc., uninfluenced by treatment, in order that I might know what, if any, effect was produced by my management of his case. On June 15th I instructed him to discontinue the use of Irish potatoes; and, in place of bread made from wheat ffour, or corn meal, to use buckwheat flour, prepared as his taste might prompt. I am satisfied that my instructions have been faithfully complied with. The quantity of urine passed grew less in a very short time, the amount passed from 5 P. M., July 7th, to 8 A. M., July 8th, being one pint only—and on examination was found to contain no sugar. I examined his urine again on the 10th ultimo, with the same result—no sugar and the same reduced quanity."—*Medical Record.*

SELECTIONS.

SYRUP OF HYDRIODIC ACID IN ACUTE INFLAMMATORY RHEUMATISM.

In an article appearing in the New York *Medical Record*, April 21, 1883, I speak of the manner in which I was led to the use of this syrup in cases of acute inflammatory rheumatism. The object of the present article is not merely to reiterate what was said in that publication, but to emphasize my entire faith in the efficacy of this treatment by the citation of cases of cure, and the statement that I have yet to find a case in which, the syrup being properly used, it has failed to meet my expectations.

Since the publication of my first article this method of treatment has been employed by a number of physicians with success, shortening the duration of the disease, relieving pain, reducing temperature, and in all cases leaving the patient without heart complications, the remedy preventing exudation and organization of plastic material. I order the syrup in from two to three teaspoonful doses, in a wine glass of water, every two hours, lessening the dose as improvement takes place, and continuing the syrup for about a week or ten days after the symptoms have disappeared, to insure recovery and prevent relapse.

The old method of treatment by the use of bicarbonate of potassium is slow, and its continued use brings about a depraved condition of the system by reducing the amount of fibrin in the blood and destroying the red corpuscles. It also acts as an irritant to the stomach, injuring the mucous membrane and causing loss of appetite. The depraved condition of the blood can be seen in the pale face, pallor of the lips, and enfeebled action of the heart, requiring weeks for the patient to recover from the disease and its treatment. Salicylic acid has had its day and has been found wanting, being replaced by some with oil of gaultheria—salicylic acid in another form.

This acid, from its difficult solubility, allows its crystals to irritate the throat and stomach, and, in some, occasions so much vomiting as to render its continued use impossible.

Syrup of hydriodic acid is a good remedy for sub-acute rheumatism also, but it is not prompt in its action as in cases of the acute form.

I have tried it in chronic rheumatism, but I cannot say that I have observed any good results. In some cases I use a lotion as follows:

℞ Liq. plumbi subacetatis, ʒ ij;
Tincturæ arnicæ, ʒ ij;
Aquæ puræ, ℥ iv.

M. Sig. Add one part of the solution to three parts of hot water, apply saturated flannels to the injured joints. It usually gives immediate relief. This solution is of a beautiful yellow color when properly prepared.*

The following are a few of the numerous cases of successful treatment of acute inflammatory rheumatism by the use of the syrup of hydriodic acid:

CASE I—On December 16, 1880, I was called to see Mary S., aged eight years, who was suffering from a very severe attack of acute rheumatism. The knees and ankles were very much swollen, and the pain was so excruciating that she could not bear the weight of a sheet to touch her legs. Protected them with a barrel-hoop cut in two and crossed. Prescribed syrup ot hydriodic acid, in teaspoonful doses, every two hours. The pain was subdued within fifteen hours. Continued treatment for about a week. No relapse.

CASE II—Mrs. E. P. R., aged thirty-five years, was seized with a chill on January 9, 1883. Began the use of the syrup of hydriodic acid on the 10th, and continued the treatment, in three-teaspoonful doses, diluted with water, until the 16th, when the patient was dismissed cured.

CASE III—Mrs. C. F. C., aged thirty-nine. I was sent for on March 21, 1883, and found her suffering from acute rheumatism; prescribed the syrup in two-teaspoonful doses; continued treatment to the 29th, when I made my last visit, and found my patient dressed, sitting up and free from pain.

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*The tincture of arnica should be made according to the United States Pharmacopœia, and not by using the fluid extract of arnica flowers, and making a tincture by the addition of diluted alcohol, as this tincture makes an unsightly dirty-brown mixture.

CASE IV—B. E., aged fifty-five, a merchant, has had rheumatism for many years. I attended him with a subacute attack on the 13th of January, 1884; left him on the 18th free of pain. The medicine was given in tablespoonful doses, every two hours, up to this time, when he was ordered to continue its use in smaller doses and at longer intervals for another week. On the 4th of April, 1885, I was called to attend him with a similar attack. Used the syrup. The pain was still severe on the 5th, so I used the lotion to his hand and knee, which gave immediate relief. The last visit was made on the 8th, at which time he was entirely free of pain and swelling.

CASE V—Mrs. L. A., aged twenty-seven, was taken with a chill, followed with high fever, on the 21st of January, 1885. I was called on the 22d, and found her suffering with an attack of acute rheumatism, affecting both upper and lower extremities. As usual in such cases, prescribed the syrup in three-teaspoonful doses, every two hours, using the lotion as well. She was relieved in thirty-six hours, and was about the house in one week. Ten days after I made my last visit. Her husband told me that she had had a relapse from imprudently sitting by an open window. Medicine was repeated, and in four or five days she was again free from pain.

CASE VI—W. C., aged twelve years, of stout build, was seized with rheumatism in knee, ankle and hand. Saw him for the first visit on February 20, 1885. I prescribed the syrup in two-teaspoonful doses, diluted in water (which should always be done): the lotion was also used in this case. My last visit was made on the 28th, when I left him walking about the house.

CASE VII—S. G. S., aged thirty-eight, clerk, was seized on the morning of the 15th of March, 1885. Commenced the use of the syrup on the evening of the same day; he was free of pain and swelling on the 16th, and went to his business on the 17th. He has had no return.

CASE VIII—J. C., aged fifty-one, has had chronic rheumatism for more than twenty years. About the beginning of March, 1885, he was seized with a violent pain in right knee while walking, followed after a few days, with heat and swelling The affected knee was two inches larger in circumference than the other; the trouble was looked upon as a sprain for about three weeks, when rheumatism was suspected. Began the use of the syrup in tablespoonful doses in a gill of water; he felt relief after the second dose; treatment was continued every two or three hours until eight ounces of the syrup were taken, which removed all further trouble. No relapse.

CASE IX—John L., aged forty, coachman, was taken down on May 4, 1885; his knees were very much swollen and very painful. He was given the syrup in tablespoonful doses every two hours, and was able to be around the house in four days and a half. He had a relapse on the 24th of the same month, caused by exposure, and was siezed with a chill, and again used the syrup and lotion. Advised the syrup to be continued in decreasing doses and at longer intervals for a week or ten days.

CASE X—J. F., aged forty, conductor. I was sent for on May 29, 1885, and found his right knee and ankle swollen and very painful. He also complained of pain in his fingers and toes. The syrup was given in tablespoonful doses, every two hours. The lotion was also used. He was free from pain within forty-eight hours. Dismissed him on the 3d of June without pain or ache.

The following cases were kindly furnished me by my friend, Dr. Conrad Wienges, of this city:

CASE I—August 28, 1883—P. M., engineer, aged forty-nine; subacute rheumatism in both knees and ankles. Gave him two teaspoonfuls of syrup of hydriodic acid every three hours. Dismissed him September 30th, free from pain or ache. This patient had several attacks previous to this one, but was always confined to the house from four to six weeks.

CASE II—June 16, 1884—Mrs. L., aged thirty-five; subacute rheumatism in both knees and ankles. Two teaspoonfuls of syrup of hydriodic acid every four hours. It relieved the pain entirely in twenty-four hours.

CASE III—March 30, 1885—F. McC,, nineteen years old; worker in tobacco factory; acute rheumatism in both knees and ankles. He was ordered two teaspoonfuls of syrup of hydriodic acid, every two hours, in a wineglass of water. At my next visit on the 31st, he could flex his knees and move the foot with comparative ease.

April 1st—The swelling had vanished and the patient was sitting up when I called. He was dismissed on the 3d, cured, and resumed his occupation on the 3d of April.

CASE IV—May 7, 1885—G. E. P., thirty years old; deck-hand; acute rheumatism affecting his right shoulder and elbow. The pain was excruciating—so much so that one-fourth of a grain of morphine, every hour for four hours, was given to produce immediate relief. He took two-teaspoonful doses of hydriodic acid every two hours. At my next visit, sixteen hours later, the pain had almost disappeared, and he could move the arm with ease in any direction. On the 9th he was entirely free from pain, and was dismissed, cured on the 11th.

The following cases were kindly furnished me by Dr. Baumann, House physician at the New Haven Hospital, New Haven, Conn.:

CASE I—M. F. M., Irish, aged twenty-five; single; painter. Was attacked April 24, 1885, with acute rheumatism in the ankles and knees, and on the 25th it extended to his shoulders, elbows and wrists. Entered hospital this day; temperature 103° F. The pain was so severe that the slightest movement caused great distress. No cardiac lesions. Ordered syrup of hydriodic acid, one teaspoonful, every two hours.

28th—Patient has improved greatly. Temperature 100°; joints not so painful.

29th—Improvement continues. Patient got up to-day.

May 4th—He is up and around the wards, and has no pain in his joints. Treatment continued.

5th—Discharged cured.

CASE II—P. M., aged twenty-two years; has been under treatment in the surgical wards since April 28th for gluteal abcess. He had an attack of rheumatism in both wrists and hands, and pain in the chest and back. The pain and swelling were so severe that he could not bear to be touched. Temperature 100°. Ordered salicin, grains xx, every three hours, and sodii bicarb., ʒ ss., every three hours.

May 30th—No marked improvement, and was transferred to medical wards. Salicin was stopped and he was given syrup of hydriodic acid, two teaspoonfuls every two hours. Temperature 101-2°. Morphine, hypodermically, had to be administered during the night on account of severe pain.

31st—Pain diminished; morphine not required. Temperature 101-2°.

June 1st—Patient slept well without the use of anodynes. Fingers could be moved without pain, but the chest was still painful.

2d—Patient comfortable; all pain and inflammation have disappeared. He fed himself for the first time to-day. Temperature 100°.

5th—He was transferred to a surgical ward, and syrup stopped.

8th—Temperature rose to 100-3°, and another attack threatened. He was given the syrup in the same doses. Next day temperature fell to normal. The syrup was continued a week, and then gradually diminished and stopped.

REMARKS—The patient had previously had several attacks of rheumatism, each lasting from two to four weeks. He had a mitral regurgitant murmur on admission.

The syrup was tried in a number of subacute cases with good results, but was unsuccessful in chronic cases.

I hope that I have thus been able to impress upon the minds of my readers the fact that, by the use of the syrup of hydriodic acid in cases of acute inflammatory rheumatism, our results will be far more satisfactory, and our cases less tedious and uncertain.—*J. M. Craig, M. D., in N. Y. Medical Journal.*

HYPODERMIC INJECTIONS OF QUININE IN MALARIAL FEVERS.

The article in *The Medical Record,* of July 25th, entitled "The Success of Hypodermic Injections of Quinine in Malarial Fevers," has led me to send you a brief account of my experience in the treatment of malarial fevers by this method. About a year after my arrival in India I was placed in charge of a general hospital and dispensary, situated about seventy miles from Madras, in a town which, with its suburbs, contained a population of over thirty thousand inhabitants, In the year 1876 I was induced, by several articles published in the British and Indian medical journals, to try extensively the treatment of intermittent and remittent fevers by the hypodermic injection of sulphate of quinine. As over nine thousand patients were annually treated in this hospital and dispensary, I was enabled to try this treatment on a large scale.

At first I employed a solution made with ordinary sulphate of quinine and dilute hydrochloric acid, and I was astonished at the wonderful effect produced by these hypodermic injections. Cases that had been taking twenty and thirty grains per diem by the month, without any apparent effect, were cured at once by the injection of from eight to twelve grains. In the first 100 cases, subjected to this treatment, I had 5 cases of abscess following the injections. Not being satisfied with this result, I determined to try a solution of the quiniæ sulph. solubil. (an English preparation very similar to our bisulphate), prepared with a little tartaric acid. I found this a great success—I might almost say a perfect success. I have used this injection in over two thousand cases without any bad effects, with the exception of one case of small abscess. Even in this case I am inclined to think there would have been no abscess if the patient's arm had been firmly held, and if the operator had not been interrupted by the violent movements of the chill.

During the last three years of my residence in India I was settled on the Neilgherry Hills, where I had a good opportunity of carrying on this mode of treatment by hypodermic injection, and of ascertaining that it was as efficacious with Englishmen as it had proved to be with the natives. Near the tops of these Neilgherry Hills, at an elevation of about six thousand and seven thousand feet above the level of the sea, are situated the two large sanitaria of South India, with an English population of from five thousand to ten thousand, according to the season of the year. The climate on these hills at this elevation being cool and healthy, Europeans are able to live there in comfort and bring up their families. A great number of English gentlemen are residents upon these hills, being engaged in the cultivation of coffee, tea, cinchona, or "planting," as it is termed. To work their large and valuable estates great numbers of native laborers are employed. These plantations are situated on the slopes of the hills, at an average elevation of three thousand five hundred feet, and therefore below what is called "fever range;" that is, the hilly or mountain tracts of South India are generally infested with malaria until you reach an elevation of over five thousand feet. At certain times of the year it is unsafe to sleep even for a single night on these estates. The native laborers are obliged, however, to live down there, and are therefore constantly prostrated with fever. I have frequently been called to visit one of these estates, and in a single morning would often have to administer hypodermic injections of quinine to over fifty of these native laborers. In addition to constantly and regularly employing hypodermic injections of quinine in the treatment of malarial fevers, I administered quinine in this way quite frequently in puerperal septicæmia, where I found it had a very beneficial effect.

A considerable number of cases of puerperal septicæmia occurred in the lying-in ward of the General Hospital and Dispensary already alluded to. The native doctors and midwives have no real knowledge of anatomy and physiology, and they often employ most violent means to hasten difficult labors. It is therefore not at all surprising that many cases of septicæmia and peritonitis result.

I have already mentioned that the solution generally used was composed of quiniæ sulph. solubil., tartaric acid, and distilled water, the strength of the solution varying from fourteen per cent. to twenty per cent. With adults I usually injected two syringefuls (that is, from five to eight decigrammes) into the upper and outer part of the arm, or on the back of the shoulder, pushing the needle well down into the subcutaneous tissues and even into the muscle. The pain produced was always trifling and of short duration. Sometimes a little redness and very slight swelling occurred, but soon disappeared. I once administered to an English army officer, taken suddenly with a congestive chill, eight syringefuls of a sixteen per cent. solution in twelve hours, with the very best of results, except that he was somewhat deaf for a day or two. Of course I do not mean to assert that this treatment by hypodermic injection always drove the malarial poison entirely out of the system or effected a permanent cure; but one or two injections nearly always broke up the fever and effected a cure at the time so that a patient would have no return of the fever, unless he exposed himself anew by visiting a locality where malarial fever was rife or allowed his general health to run down. I had two patients—wealthy English gentlemen—who were accustomed to come every few months and get me to give them a hypodermic injection of quinine as a prophylactic measure when they were about to visit a notoriously feverish locality. During the eighteen months that I have been practicing here in Chicago, I have made use of hypodermic injections of quinine several times with perfect success. In conclusion, to show what perfect confidence I have in this mode of treatment, I have only to mention that I have had quinine injected into my own arm on two occasions.—*H. Martyn Scudder, M. D., in Medical Record.*

HERB DRINKS.

Herb drinks, or tisanes, are much used in France, and might well be in England. Burdock tisane is a purifier. Take of roots of burdock, slightly pounded in a mortar, three-quarters of an ounce, of boiling water one quart. Infuse three hours, strain, and decant. Prepare in the same manner tisanes from the roots of smallage, angelica, asparagus, elecampane, Roland thistle, male fern, strawberry, marshmallow, patience, and soapwort. In the same way you may make bark tisanes from gray and yellow cinchona, fir-tree buds, elder, and simaruba—a Jamaica tree.

To make couch-grass tisane, an emollient diuretic, wash three-quarters of an ounce of couch grass (the roots and the plant) in cold water; bruise them in a marble mortar; and boil them for an hour in enough water to produce a quart of tisane; strain and decant. In the same way can be made tisane of the roots of the Provence cane, Arundo donax, and of comfrey. To make borage tisane, take borage leaves (dried) half an ounce. Infuse in a quart of boiling water for an hour, then strain. In the same way, prepare tinsanes from the leaves of mugwort, capillaire or maiden hair fern, vernal speedwell, blessed thistle, chicory, fumitory, orange tree, wild pansy, soapwort, senna, and various species of veronica.

To make hyssop tisane, take of hyssop leaves a quarter of an ounce. Infuse for quarter of an hour in a quart of boiling water, and strain. Proceed similarly for tisanes from leaves of calamint, ground ivy, hore-hound, balm, marjoram, and sage. To make aniseed tisane, infuse a quarter of an ounce of the seed in a quart of boiling water for two hours, and then strain. In the same way prepare tisane of juniper berries, bitter orange peel and linseed. Linseed tisane is usually called linseed tea. Hop tea is made similary, and is an excellent summer and stomachic drink.

To make prune tisane, take of French plums or prunes two ounces and a half; cut them in two, and boil them for an hour in a sufficient quantity of water to make a quart of tisane; strain through a seive. Tisanes may be made from dates, figs, and jujubes in a similar manner.--*The Caterer*.

TINCTURA CUPRI ACETICI RADEMACHERI.

I consider this remedy of much greater importance than is generally supposed. In torpid chlorotic cases, and all cases requiring tonic treatment, it will prove a valuable remedy. I have used it frequently in the treatment of scrofula with the most gratifying results. Its action upon albumen, and its property of absorbing large quantities of ozone, suggested the idea that it might prove valuable in the treatment of Bright's disease. I have used it in one case of albuminuria with the following result.

A little over a year ago, Mr. C——, a farmer aged 45 years, applied to me for treatment. He stated that he had been ailing for about three years, and had gradually grown worse. He had consulted some of the most skillful physicians in Chicago, and other cities, all of whom pronounced his disease albuminuria. All treatment had failed to improve his condition. His physicians had advisad him to settle up his affairs, and prepare for the inevitable. When the case came under my care, the patient was considerably emaciated, and of a cachectic appearance. Pulse weak and irregular; appetite poor; sense of weight and uneasiness in cardiac region; somewhat dropsical. He had been troubled with night-sweats for some time, and complained of weakness of the back. His urine had been very bloody for several months, and analysis showed it to be loaded with albumen. I prescribed as follows:

℞ Tinct. cupri, fʒj.
Aquæ, f℥iv.

M. S. Teaspoonful three times a day, half an hour after meals.

After one week's treatment, there was a slight diminution in the amount of blood in the urine. At the end of three weeks the urine was almost clear, the amount of albumen considerably diminished, and his general condition greatly improved. In four weeks more the urine was normal, and the patient greatly improved in every way.

I continued the treatment a month longer, and dismissed him apparently a well man. He has not taken any medicine for over nine months, and during that time has felt well. At present he is in good health and happy. I hope others may give this remedy a trial and report results.—*Dr. Poland, in Chicago Medical Times.*

FOOLING WITH THE METRIC SYSTEM.

A case was recently reported in which a life was lost from an overdose of opium. The physician intended to write ℞ Morphiæ sulphatis 0,0015, but instead wrote it 1,5. Had he written it gr. $\frac{1}{40}$ the mistake could not have occurred. As a contemporary sage wisely remarks, "this comes of fooling with the metric system." The metric system looks attractive; it has lots of theoretical perfections that are practically useless or worse, and we believe it is some of its real defects which have gained for it many of its warmest advocates. Just consider its whimsical, unspeakable, polysyllabic Græco-Roman nomenclature; its *spell* has doubtless fascinated many a mind of classic culture, especially if there was a youthful aversion to mathematics; he feels that his boyhood days were embittered by reduction ascending and descending, and here is escape for all posterity in the mystic combinations of centi and kilo.

A year or two ago its advocates tried to manufacture a boom for the metric system, and considerable effort was put forth to have Congress adopt it for the country. Booms may come and booms may go, but our people are about as likely to discard their habits of thought and action regarding weights and measures, as to set about training themselves to be left-handed. What the iron heel of a despot may have accomplished with the people of a European monarchy, is not worth a tinker's dam (this orthography is used on the authority of an ex-Governor of this State) as a precedent for a free people, and it may be safely assumed that they will use about such weights and measures as they please, no matter what laws may be passed, and how eager the people who *don't* do the weighing and measuring may be to impose their reform (?) upon those who *do.—Massachusetts Eclectic Medical Journal.*

HOW TO TAKE A PILL.

A very large class of persons cannot swallow a pill of any description or make; to this class I belonged until last winter, when I had occasion to take chininum sulph., and by a simple method that Dr. E. S. Hanna told me of, I was enabled to take pills as easily as the most confirmed pill-consumer.

Another class of persons succeed in taking pills but by a mighty effort; sometimes, hours before taking the dose, they begin to make up their minds, as we say, to swallow it without any ado, but as the hour for taking the dose draws near they think of jellies, preserves, prunes, etc., in which to more easily swallow the pill, and even then how often does it end in failure?

Dr. Hanna's method which I had tried with complete success on many patients, is to place one or more pills under the tongue, then take a mouthful of water or other liquid and swallow just as in the act of drinking. Invariably the "I-can't-take-a-pill-patient" is astonished, and sometimes investigates the mouth with his fingers to reassure himself if he has really swallowed the pill *—Med and Surg. Reporter.*

GLONOINE, OR NITRO-GLYCERINE.

I have used this new medicine for several years, giving it in headache, asthma, and excited action of the heart. The cases of headache in which I have used it had the following symptoms: Almost a continued pain, either acute or dull, all through the head, with a feeling as though the brain was in a constricted state. The same constricted condition attended the lung, but no pain. One patient described the lung as feeling as though it was in a lemon squeezer.

In one case of asthma with this symptom, one drop of a one-per-cent. solution relieved the patient in fifteen minutes. After giving the one drop, I gave of a one-per-cent. solution, Glonoine *m* x., pure water ℥xxiv. M. Sig.: Take one teaspoonful every four hours, which relieved the patient in twenty-four hours.

One case of headache, of twenty years standing, suffering almost half of the time, now passes three or four months without suffering by taking one-fourth drop of glonoine (one-per-cent. solution) three times a day. I usually take, of this solution, ten drops to twenty-four teaspoonfuls of water, and give one teaspoonful three times a day.

I have also, in several cases of neuralgia, in patients in which morphia would produce great nausea, given one drop, and in fifteen minutes given one-fourth grain of morphia, and no nausea followed the use of the opiate. I am not sure that the glonoine in these cases did any good, but I am sure that they have suffered from severe nausea after taking morphia, and had no nausea after taking the glonoine, although the usual dose of the opiate was given.

I waited on an old gentleman, who had been dropsical for several years. After being relieved of that trouble, he continued to suffer very much with dull pain in the head; could not move suddenly without help to prevent his falling; eyes and brain felt as though they were floating in water, with constant glimmering before the eyes. Gave glonoine, as above, which relieved the head trouble entirely in four weeks.

One of my patients, by mistake, took five drops in one dose.

I had her to write me out a description of the conditions that followed the dose. I give it in her own language:

"I took by mistake five drops—(she not knowing what she had taken) which had been prepared in twelve teaspoonfuls of water, and went immediately to my supper; about one hour after, I became conscious of a restless feeling, and excited action of the heart, for which I could not account, as I had eaten nothing but milk and oatmeal for my supper. I thought but little of it, however, as I was subject to such attacks, having often felt it after taking a cup of strong coffee or a heavy portion of quinine. The only thing that attracted my attention at first was, this condition when I was not aware that I had taken anything to cause it. The nervousness was greatest about two hours after taking the potion; for an hour or more, the action of the heart was so violent that the uncomfortable sensation was almost painful; it was accompanied by a slight stricture in the head. In the course of a few hours the effect was off. I retired about ten o'clock, and slept quietly through the night, awaking next morning entirely free from any unusual sensation."—*Dr. Halbert in Eclectic Medical Journal.*